



## Pooled Collateral—Access Form

**TREASURER STAFF ONLY**

NetID:	Certif#:	Date:
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**Fax this form to: (702)486-3246****NET SYSTEM REQUIREMENTS:**Web Browser: Internet Explorer 6.0 and above / Netscape 7.0 and aboveAdobe Acrobat Reader: 6.0 and AboveInternet Access: Dial up and above**Bank Info**

Name of Bank		
Authorized Officer (First Name)	Last Name	Phone
Email		FAX
Signature of Authorized Officer		Date

<b>Employee Info</b>	<b>Start Date</b>	<b>Expiration Date</b>	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name	Middle Initial		
Title			Phone		
Email			FAX		

<b>Employee Info</b>	<b>Start Date</b>	<b>Expiration Date</b>	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name	Middle Initial		
Title			Phone		
Email			FAX		

<b>Employee Info</b>	<b>Start Date</b>	<b>Expiration Date</b>	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name	Middle Initial		
Title			Phone		
Email			FAX		

<b>Employee Info</b>	<b>Start Date</b>	<b>Expiration Date</b>	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name	Middle Initial		
Title			Phone		
Email			FAX		